

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/904,409
		Filing Date	July 12, 2001
		First Named Inventor	Joseph A. Schrader
		Group Art Unit	2426
		Confirmation Number	1963
		Examiner Name	Mushfikh I. Alam
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	164052.03

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (27 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<u>5/10/2010</u> Date	<u>Jeffrey R. Sadlowski/</u> Signature <u>Jeffrey R. Sadlowski</u> Printed Name		
Remarks <input type="checkbox"/>			

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<u>/Jeffrey R. Sadlowski/</u>		Reg. No.	47,914	
Name of Attorney or Agent		Jeffrey R. Sadlowski			
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